

### Step 1: Basic Client Information

Please complete the following basic client information and note that all fields with an \* are required fields. This information is used to close an open enrollment by performing the exit workflow. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_  
Birthdate: \* \_\_\_\_\_ Social Security Number: \* \_\_\_\_\_

### Step 2: Project Exit

Complete the project exit information and please note all fields with an \* are required fields. Complete additional forms for each household member to be exited.

Exit Date: \* \_\_\_\_\_

Destination:\*

- |  |  |
|--|--|
| <input type="checkbox"/> Emergency Shelter, including hotel or motel paid for with shelter voucher                       | <input type="checkbox"/> Hotel or Motel paid for without emergency shelter voucher   |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)                            | <input type="checkbox"/> Foster Care Home or Foster Care Group Home  |
| <input type="checkbox"/> Permanent Supportive Housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) | <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) |
| <input type="checkbox"/> Psychiatric Hospital or Other Psychiatric Facility  | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Substance Abuse Treatment or Detox Center   | <input type="checkbox"/> Safe Haven  |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility                                  | <input type="checkbox"/> Rental by client, VASH Subsidy  |
| <input type="checkbox"/> Jail, Prison, Juvenile Detention Facility   | <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy  |
| <input type="checkbox"/> Long-term care facility or nursing home   | <input type="checkbox"/> Residential project or halfway house with no homeless criteria  |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH   | <input type="checkbox"/> No exit interview completed   |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH   | <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy  |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy   |
| <input type="checkbox"/> Staying or living with family, temporary tenure (e.g., room, apartment or house)                | <input type="checkbox"/> Staying or living with family, permanent tenure   |
| <input type="checkbox"/> Staying or living with friends, temporary tenure (e.g., room, apartment or house)               | <input type="checkbox"/> Staying or living with friends, permanent tenure  |
|  | <input type="checkbox"/> Deceased  |
|  | <input type="checkbox"/> Don't Know  |

Exit Reason:\*

- |   |   |
|---|---|
| <input type="checkbox"/> Left for a housing opportunity before completing the program | <input type="checkbox"/> Needs could not be met by program  |
| <input type="checkbox"/> Completed program  | <input type="checkbox"/> Disagreement with rules/persons    |
| <input type="checkbox"/> Non-payment of rent/occupancy charge                         | <input type="checkbox"/> Death                              |
| <input type="checkbox"/> Non-compliance with Program                                  | <input type="checkbox"/> Other*<br>(Other Exit Reason_____) |
| <input type="checkbox"/> Criminal activity/destruction of property/violence           | <input type="checkbox"/> Unknown/Disappeared                |
| <input type="checkbox"/> Reached maximum time allowed by program                      | End Case Assignment: <input type="checkbox"/>               |

Health Insurance:\*

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Type:\*

- |  |  |
|--|--|
| <input type="checkbox"/> Private – Employer  | <input type="checkbox"/> Military Insurance                      |
| <input type="checkbox"/> Private – Individual  | <input type="checkbox"/> State Funded (HIP or HIP 2.0)           |
| <input type="checkbox"/> Medicare  | <input type="checkbox"/> Indian Health Service (Native American) |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Other Public                            |
| <input type="checkbox"/> State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP) | <input type="checkbox"/> Other_____                              |

Status:\*

- |   |  |
|---|--|
| <input type="checkbox"/> Active                             |  |
| <input type="checkbox"/> Start Date:_____                   |  |
| <input type="checkbox"/> End Date:_____                     |  |
| <input type="checkbox"/> No                                 |  |
| <input type="checkbox"/> Applied; decision pending          | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Applied; client not eligible       | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Client did not apply               | <input type="checkbox"/> Data Not Collected  |
| <input type="checkbox"/> Insurance type N/A for this client |  |

**ClientTrack Barriers Assessment:\***

| <b><u>Barriers:*</u></b> | <b><u>Barrier Present?</u></b>  | <b><u>Receiving Services/Treatment?</u></b>   | <b><u>Condition Indefinite?</u></b>   | <b><u>Documentation on File?</u></b>                        |
|--------------------------|---|---|---|---|
| Alcohol Abuse            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Developmental Disability | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Drug Abuse               | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| HIV/AIDS                 | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Mental Health            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Physical Disability      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Chronic Health Condition | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Client Doesn't Know<br><input type="checkbox"/> Client Refused<br><input type="checkbox"/> Data Not Collected | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

If client reports "Alcohol Abuse, Drug Abuse and/or Mental Health" as present barriers, complete the following:

**How confirmed:**

- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records

**Serious Mental Illness (SMI):**

- ☐ No
- ☐ Unconfirmed; presumptive or self-report
- ☐ Confirmed through assessment and clinical evaluation
- ☐ Confirmed by prior evaluation or clinical records
- ☐ Client Doesn't Know
- ☐ Client Refused

Financial Assessment:\* Cash Income: \* ☐ Yes ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Private Disability Insurance \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ Pension From Former Job \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Alimony \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA NonService-Connected Disability \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Adult Education Assessment:\*

Currently in School/Working on Degree:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Received Vocational Training/Apprenticeship:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Secondary Education:\*

- ☐ None ☐ Client Refused
- ☐ Associates Degree ☐ Client Doesn't Know
- ☐ Bachelors
- ☐ Masters
- ☐ Doctorate
- ☐ Other Graduate/Professional Degree
- ☐ Certificate of Advanced Training or Skilled Artisan

Non Cash Benefits: \* ☐ Yes ☐ No

- ☐ Food Stamps/Money for Food on Benefits Card \$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF Funded Services
- ☐ Section 8, Public Housing, Other Rental Asst. (PSH) \$ \_\_\_\_\_
- ☐ Temporary Rental Assistance (RRH) \$ \_\_\_\_\_
- ☐ Other Source

Child Education Assessment:\*

Highest Grade Completed:\*

- ☐ No School Completed
- ☐ Nursery School to 4<sup>th</sup> Grade
- ☐ 5<sup>th</sup> Grade or 6<sup>th</sup> Grade
- ☐ 7<sup>th</sup> Grade or 8<sup>th</sup> Grade
- ☐ 9<sup>th</sup> Grade
- ☐ 10<sup>th</sup> Grade
- ☐ 11<sup>th</sup> Grade
- ☐ 12 Grade, No Diploma
- ☐ High School Diploma
- ☐ GED
- ☐ Post-Secondary School
- ☐ Client Doesn't Know
- ☐ Client Refused

Current Enrollment Status:\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If Yes, Type of School:\*

- ☐ Public School ☐ Technical/Career
- ☐ Homeschool ☐ Client Doesn't Know
- ☐ Charter ☐ Client Refused
- ☐ Parochial or Other Private School

School Name: \* \_\_\_\_\_

Connected w/McKinney-Vento School Liaison?\*

- ☐ Yes ☐ No
- ☐ Client Doesn't Know ☐ Client Refused

If not enrolled, Last Enrollment Date: \_\_\_\_\_

Reason Not Enrolled: \_\_\_\_\_

\_\_\_\_\_

Crimes:\*

Incident Date:\* \_\_\_\_\_

Abuser:\* \_\_\_\_\_

Abuser DOB: \_\_\_\_\_

Relationship to Victim:

- |  |   |
|--|---|
| <input type="checkbox"/> Parent                  | <input type="checkbox"/> Other Caretaker  |
| <input type="checkbox"/> Grandparent             | <input type="checkbox"/> Spouse           |
| <input type="checkbox"/> Guardian                | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Other Family Member     | <input type="checkbox"/> Sibling          |
| <input type="checkbox"/> Other Non-Family Member | <input type="checkbox"/> Acquaintance     |
|  | <input type="checkbox"/> Stranger         |

Crime:\*

- |   |   |
|---|---|
| <input type="checkbox"/> Adult Survivor of Child Physical Abuse/Neglect | <input type="checkbox"/> Incest                           |
| <input type="checkbox"/> Adult Survivor of Child Sexual Abuse           | <input type="checkbox"/> Kidnapping                       |
| <input type="checkbox"/> Aggravated Harassment                          | <input type="checkbox"/> Rape                             |
| <input type="checkbox"/> Assault  | <input type="checkbox"/> Robbery                          |
| <input type="checkbox"/> Bias/Hate Crime                                | <input type="checkbox"/> Sexual Assault                   |
| <input type="checkbox"/> Burglary                                       | <input type="checkbox"/> Stalking                         |
| <input type="checkbox"/> Criminal Mischief                              | <input type="checkbox"/> Strangulation                    |
| <input type="checkbox"/> Custodial Interference                         | <input type="checkbox"/> Trafficking                      |
| <input type="checkbox"/> Child Abuse – Physical/Neglect                 | <input type="checkbox"/> Violation of Order of Protection |
| <input type="checkbox"/> Child Abuse – Sexual                           |   |
| <input type="checkbox"/> Domestic Violence                              |   |
| <input type="checkbox"/> Elder Abuse                                    |   |
| <input type="checkbox"/> Harassment                                     |   |
| <input type="checkbox"/> Homicide                                       |   |
| <input type="checkbox"/> Identity Theft                                 |   |

VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

Primary Victimization ☐

Repeat Victim

- |  |   |
|--|---|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |   |

Legal Assessment:\*

Assessment Description: \_\_\_\_\_

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
  - ☐ Description: \_\_\_\_\_
- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other: \_\_\_\_\_

Do you currently have legal representation?

- ☐ Yes   ☐ No

How many days, past 30 days, experiencing legal representation? \_\_\_\_\_

Legal Description Notes: \_\_\_\_\_

Transportation Assessment:\*

Primary Transit Means:

- ☐ Own vehicle
- ☐ Ride from friends/family
- ☐ Bicycle
- ☐ Other: \_\_\_\_\_
- ☐ Bus
- ☐ VanTran
- ☐ Walk

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description: \_\_\_\_\_

Registered State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Renewal Date: \_\_\_\_\_

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

